Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer	e the name that is on government-issued ure identification (for mple, your driver's use or passport).	Karen First name L. Middle name	First name Middle name
	iden	tification to your ting with the trustee.	Torres Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer atification number	xxx-xx-4045	

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Case number (if known)

Debtor 1 Karen L. Torres

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 112 Smith Avenue Rockford, IL 61107 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Winnebago County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Karen L. Torres

ar	Tell the Court About	Your E	Bankruptcy Ca	ase					
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankrupto e box.	у		
	choosing to file under	Chapter 7							
			Chapter 11						
			Chapter 12						
			Chapter 13						
3.	How you will pay the fee		about how yo	ou may pay. Typi attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court for more de urself, you may pay with cash, cashier's check, or mo alf, your attorney may pay with a credit card or check	ney		
					allments. If you choose this optices (Official Form 103A).	n, sign and attach the Application for Individuals to P	ay		
						only if you are filing for Chapter 7. By law, a judge m			
			applies to yo	ur family size and	d you are unable to pay the fee ir	ur income is less than 150% of the official poverty line installments). If you choose this option, you must fill			
			the Application	on to Have the C	Chapter 7 Filing Fee Waived (Office	ial Form 103B) and file it with your petition.			
).	Have you filed for bankruptcy within the	■ N	0.						
	last 8 years?	ΠY	es.						
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
	Are only bentumber								
ΙΟ.	Are any bankruptcy cases pending or being	■ N	0						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	ПΥ	es.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
 I1.	Do you rent your	■ N	o. Go to I	ine 12.					
	residence?	ПΥ		our landlord obtain	ined an eviction judgment agains	t you and do you want to stay in your residence?			
		- •	J	No. Go to line 1	12.				
						Judgment Against You (Form 101A) and file it with this	3		
			_	bankruptcy peti		, , , , , , , , , , , , , , , , , , , ,			

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 4 of 53 Case number (if known) Debtor 1 Karen L. Torres Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure **Bankruptcy Code and are** you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

INO.	

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Karen L. Torres

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Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Karen L. Torres Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Karen L. Torres Signature of Debtor 2 Karen L. Torres Signature of Debtor 1 Executed on April 13, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Karen L. Torres

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David H. Carter	Date	April 13, 2016
Signature of Attorney for Debtor	-	MM / DD / YYYY
David H. Carter		
Printed name		
Dvid H. Carter		
Firm name		
308 W. State St., Suite 215		
Rockford, IL 61101		
Number, Street, City, State & ZIP Code		
Contact phone 815/968-8900	Email address	dhclaw@aol.com
Bar number & State		

		DOM:	3111 1 13347 17 171 1917	
Fill in this infor	mation to identify your	case:		
Debtor 1	Karen L. Torres			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	74,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	36,000.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	110,000.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	75,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,400.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,481.76
	Your total liabilities	\$	91,881.76
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,364.24
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,210.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
	■ Yes What kind of debt do you have?		

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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Debtor 1 Karen L. Torres

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form		
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$_	

4,878.65

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	laim
Trom Fart 4 on Generalie E/1, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,400.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,400.00

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Fill	in this informa	tion to identify you	ur case and th		11(2)11	1 000 10 01 00					
Deb	otor 1	Karen L. Torres	Middle	Name		Last Name					
	otor 2 use, if filing)	First Name	Middle			Last Name					
Unit	ted States Bank	ruptcy Court for the	: NORTHERI	N DISTRI	CT OF ILLIN	NOIS					
Cas	se number					-				Check if this is an amended filing	
_		m 106A/B	nortv								
		A/B: Pro	<u> </u>		diverse like	n asset fits in more than	ana aatamam	liat the seest in	460.0	12/15	
Part		nch Residence, Buildi ve any legal or equita				n or Have an Interest In	?				
1.1				What is	the property	? Check all that apply					
		112 Smith Avenue Street address, if available, or other description			Single-family houplex or mult Condominium	the amo	o not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule Discreditors Who Have Claims Secured by Property.				
	Rockford City	IL 6 ²	1107-0000 ZIP Code		and	or mobile home		t value of the property?		rrent value of the rtion you own?	
	Oily	Oily State ZIF Code		□ T	☐ Timeshare Describe ☐ Other (such as the such as the			ne the nature of y as fee simple, ten state), if known.	e the nature of your ownership interest fee simple, tenancy by the entireties, or		
	Winnebago			_	Debtor 1 only		tee si	mple			
	County			Other in		the debtors and another bu wish to add about this	L (se	eck if this is con e instructions) s local	nmuni	ty property	

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$74,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 11 of 53 Case number (if known) Debtor 1 Karen L. Torres 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Toyota Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Rav Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2007 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$9.000.00 \$9,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **Pontiac** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: G6 Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2006 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$4,000.00 \$4,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,000.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... necessary household goods and furnishings, older appliances, tv, \$1.500.00 bedroom set, couch chair 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

☐ Yes. Describe.....

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 12 of 53 , Case number *(if known)* Debtor 1 Karen L. Torres 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... necessary wearing apparel \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,800.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **Cash USC** \$100.00 \$100.00

Official Form 106A/B

17. Deposits of money

■ Yes.....

☐ No

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar

checking account with Alpine Bank

checking account with Chase

Institution name:

institutions. If you have multiple accounts with the same institution, list each.

checking

17.2. checking

17.1.

\$1,000.00

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 13 of 53 Case number (if known) Debtor 1 Karen L. Torres 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401 K 401 K Plan \$20,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

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Debtor	1 Karen L. To	rres		Document	Page 14 of 53 Case number (if known)	
28. Tax	refunds owed to	you				
■ N □ Y	_	ormation at	bout them, inc	cluding whether you alre	ady filed the returns and the tax years	
Exa ■ N	•	·		usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
Exa ■ N	benefits; ui	ges, disabili npaid loans	ity insurance	payments, disability bene someone else	efits, sick pay, vacation pay, workers' comper	nsation, Social Security
			e insurance; ł	nealth savings account (l	HSA); credit, homeowner's, or renter's insurar	nce
	_		any of each papany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
		Emp valu		ided term policy-zer	o	\$0.00
sor ■ N □ Y · 33. Clai	neone has died. o es. Give specific in ims against third p amples: Accidents, o	formation parties, whe	ether or not		surance policy, or are currently entitled to receive to the second state of the second state of the second	
34. Oth	J	unliquidat	ed claims of	every nature, including	g counterclaims of the debtor and rights to	set off claims
35. Any	financial assets y	ou did not	already list			
					ny entries for pages you have attached	\$21,200.00
Part 5:	Describe Any Busin	ess-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
37. Do y	ou own or have any	legal or equi	itable interest	in any business-related p	roperty?	
	. Go to Part 6. s. Go to line 38.					
Part 6:	Describe Any Farm- If you own or have ar			Related Property You Own Part 1.	n or Have an Interest In.	
46 Do	vou own or have a	ny legal o	r equitable in	torest in any farm- or o	commercial fishing-related property?	

No. Go to Part 7.

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Case number (if known) Document Debtor 1 Karen L. Torres ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$74,000.00 Part 2: Total vehicles, line 5 56. \$13,000.00 57. Part 3: Total personal and household items, line 15 \$1,800.00 Part 4: Total financial assets, line 36 \$21,200.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$36,000.00 Copy personal property total \$36,000.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$110,000.00

Official Form 106A/B Schedule A/B: Property page 6

			111 1 111111 111 111 111	
Fill in this infor	mation to identify your	case:		
Debtor 1	Karen L. Torres			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if
				amende

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify th	e Property \	You Claim as	s Exempt
---------	-------------	--------------	--------------	----------

1.	Which set of exemptions	s are vou claiming	? Check one only	. even if vo	our spouse is filin	a with vou.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
112 Smith Avenue Rockford, IL 61107 Winnebago County	\$74,000.00		\$9,000.00	735 ILCS 5/12-901	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2006 Pontiac G6 Line from Schedule A/B: 3.2	\$4,000.00		\$2,400.00	735 ILCS 5/12-1001(c)	
Line IIIIII Schedule A/B. 3.2			100% of fair market value, up to any applicable statutory limit		
2006 Pontiac G6 Line from Schedule A/B: 3.2	\$4,000.00		\$1,300.00	735 ILCS 5/12-1001(b)	
Line nom <i>Schedule A/b.</i> 3.2			100% of fair market value, up to any applicable statutory limit		
necessary household goods and furnishings, older appliances, tv,	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(b)	
bedroom set, couch chair Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
necessary wearing apparel	\$300.00		\$300.00	735 ILCS 5/12-1001(a)	
Line nom Scriedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit		

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Case number (if known)

Den	Nateri L. Torres			Case number (ii known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Cash USC \$100.00 Line from Schedule A/B: 16.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to any applicable statutory limit	
	checking: checking account with Alpine Bank	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	checking: checking account with	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	401 K: 401 K Plan Line from <i>Schedule A/B</i> : 21.1	\$20,000.00		\$20,000.00	735 ILCS 5/12-1006
Line Holli Schedule A/D. 2111				100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	Yes. Did you acquire the property cove	rad by the examption wi	thin 1	215 days before you filed this case	2
	□ No	red by the exemption wi	umi i	,213 days before you filed this case	·
	□ Yes				

	Doci	<u>iment Page 2</u>	L8 of 53		
Fill in this information to identif	fy your case:				
Debtor 1 Karen L. To	orres				
First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name			
(Spouse II, IIIIIIg) FIIST Name	iviluale Name	Last Name			
United States Bankruptcy Court for	or the: NORTHERN DIST	RICT OF ILLINOIS			
Case number					
(if known)				☐ Check	if this is an
				_	led filing
					-
Official Form 106D					
Schedule D: Credit	ors Who Have (Claims Secure	ed by Propert	V	12/15
			J	<i>.</i>	
Be as complete and accurate as pos is needed, copy the Additional Page,					
number (if known).	, illi it out, number the entries,	and attach it to this form.	on the top of any addition	nai pages, write your na	ine and case
1. Do any creditors have claims secu	red by your property?				
☐ No. Check this box and su	bmit this form to the court wi	th your other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in all of the inform	ation holow	,	· ·	•	
Part 1: List All Secured Clair	ns		. Column A	Column B	Column C
2. List all secured claims. If a creditor for each claim. If more than one credit			ely	Value of collateral	Unsecured
much as possible, list the claims in alp			Do not deduct the	that supports this	portion
Alaina Bank	B	d at a second and a later	value of collateral.	claim	If any
2.1 Alpine Bank Creditor's Name		that secures the claim:	\$65,000.00	\$74,000.00	\$0.00
Creditor's Name	112 Smith Avenue 61107 Winnebag	•			
	01107 William	County			
P.O. Box 6056	As of the date you file apply.	the claim is: Check all that			
Rockford, IL 61125	Contingent				
Number, Street, City, State & Zip Coo	·				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check	all that apply.			
■ Debtor 1 only		ade (such as mortgage or	secured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such	as tax lien, mechanic's lien)			
☐ At least one of the debtors and and	other	a lawsuit			
☐ Check if this claim relates to a	Other (including a rig	tht to offset)			
community debt					
Date debt was incurred 6/2015	Last 4 digits of	account number 2797	7		
2.2 Gm Financial	Describe the property	that secures the claim:	\$10,000.00	\$9,000.00	\$1,000.00
Creditor's Name	2007 Toyota Rav				
D.O. D. 400004	As of the date you file	the claim is: Check all that			
P.O. Box 183834	apply.				
Arlington, TX 76096	Contingent				
Number, Street, City, State & Zip Coo	de ☐ Unliquidated☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check	all that apply.			
■ Debtor 1 only	<u></u>	ade (such as mortgage or	secured		
Debtor 2 only	car loan)	aus (susi us mongage en	3004.04		
Debtor 1 and Debtor 2 only	Statutory lien (such	as tax lien, mechanic's lien)			
At least one of the debtors and and	_				
☐ Check if this claim relates to a	Other (including a right		ile Ioan		
community debt		in to onsoly			
Date debt was incurred 12/2012	l act A dinite of	account number			
- and down mad introducted L/LU L	=uot 7 uigito Ui				

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Debtor 1	Karen L. Torres			Case number (if know)	
	First Name	Middle Name	Last Name	-	
Add the	dollar value of ye	our entries in Column A on t	this page. Write that number here:	\$75,000.0	0
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				\$75,000.0	0

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Document	Page 20 d	of 53		
Fill in this infor	mation to identify your	case:				
Debtor 1	Karen L. Torres					
	First Name	Middle Name	Last Name			
Debtor 2		NO. III.				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS			
Case number						
(if known)					☐ Che	eck if this is an
					ame	ended filing
Official Form	∞ 40CE/E					
Official Form		مستومونا متناه	d Claima			12/15
		ho Have Unsecure e Part 1 for creditors with PRIOR				
Schedule G: Execu Schedule D: Credit eft. Attach the Cor name and case nu	utory Contracts and Unexp tors Who Have Claims Sec ntinuation Page to this pag mber (if known).	that could result in a claim. Also ired Leases (Official Form 106G) ured by Property. If more space ie. If you have no information to). Do not include any is needed, copy the	creditors with partially so	secured claims the number the entrie	at are listed in es in the boxes on the
	II of Your PRIORITY Un					
	ors have priority unsecure	d claims against you?				
□ No. Go to F	Part 2.					
Yes.						
identify what ty possible, list th	rpe of claim it is. If a claim ha ne claims in alphabetical orde	s. If a creditor has more than one p is both priority and nonpriority amo er according to the creditor's name. rticular claim, list the other creditor	ounts, list that claim he . If you have more tha	ere and show both priority a	and nonpriority amo	ounts. As much as
(For an explan	ation of each type of claim, s	see the instructions for this form in	the instruction booklet	t.) Total claim	Priority amount	Nonpriority amount
2.1 IRS		Last 4 digits of acco	ount number	\$1,400.00	\$1,400.	00 \$0.0
P.O. Bo	reditor's Name OX 21125	When was the debt	incurred?		- 	
	elphia, PA 19114-0325 Street City State Zlp Code		file, the claim is: Che	eck all that apply		
Who incurre	d the debt? Check one.	☐ Contingent		,		
■ Debtor 1	only	☐ Unliquidated				
Debtor 2	only	☐ Disputed				
_	and Debtor 2 only	Type of PRIORITY u	unsecured claim:			
_	ne of the debtors and anothe	Domestic support	t obligations			
_	this claim is for a commun	_	n other debts you owe	the government		
	subject to offset?	_	•	le you were intoxicated		
■ No		☐ Other. Specify	or porcorial injury in in	io you wore interneutou		
☐ Yes			2013, 2014			
D 0	H - (V NOVER 10 - 1					
	II of Your NONPRIORIT					
<u> </u>	ors have nonpriority unsec					
	ive nothing to report in this p	art. Submit this form to the court w	ith your other schedul	es.		
Yes.						
4. List all of you	r nonpriority unsecured cl	aims in the alphabetical order of	the creditor who ha	olds each claim. If a credit	or has more than o	one nonpriority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Part 2.

Total claim

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Debtor 1 Karen L. Torres Case number (if know) 4.1 **Capital One** Last 4 digits of account number \$672.00 Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes 4.2 **Capital One** \$473.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes credit card Other. Specify 4.3 **Capital One** Last 4 digits of account number \$1,300.00 Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes

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Debtor 1 Karen L. Torres Case number (if know) 4.4 Check In To Cash Last 4 digits of account number \$725.00 Nonpriority Creditor's Name 3437 N. Main St. When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify cash advance ☐ Yes 4.5 \$333.00 ComEd Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6111 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify utility service ☐ Yes 4.6 **Convergent Outsourcing** Last 4 digits of account number \$30.00 Nonpriority Creditor's Name P.O. Box 9004 When was the debt incurred? Renton, WA 98057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collection ☐ Yes

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Debtor 1 Karen L. Torres Case number (if know) 4.7 Credit One Bank Last 4 digits of account number \$973.00 Nonpriority Creditor's Name P.O. BOx 60500 When was the debt incurred? City of Industry, CA 91716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes 4.8 Dr. Mark Milani, DDS \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name 4777 E. State St. #11 When was the debt incurred? Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes medical Other. Specify 4.9 **Lane Bryant** Last 4 digits of account number \$259.00 Nonpriority Creditor's Name P.O. Box 65928 When was the debt incurred? San Antonio, TX 78265 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes

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Karen L. Torres	Case number (if know)	
Mutual Managment	Last 4 digits of account number	\$300.00
Nonpriority Creditor's Name		******
7177 Crimson Ridge Dr. #10 Rockford, IL 61126	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify collection	
Radiology Consultants		\$24.00
Nonpriority Creditor's Name	Last 4 digits of account number	φ24.00
39020 Eagle Way Chicago, IL 60678	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify medical	
Rockford Anesthesia	Last 4 digits of account number	\$440.00
Nonpriority Creditor's Name P.O. Box 4569	When was the debt incurred?	
Rockford, IL 61110 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the damins. Oneth an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify medical	

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Debtor 1 Karen L. Torres Case number (if know) 4.1 **Rockford Merchantile** \$207.00 Last 4 digits of account number 3 Nonpriority Creditor's Name When was the debt incurred? 2502 S. Alpine Rd. Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify collection ☐ Yes 4.1 **Security Finance** 7240 \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 3618 E. State St. When was the debt incurred? 2015 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify loan 4.1 Springleaf Financial 5024 \$2.352.13 Last 4 digits of account number 5 Nonpriority Creditor's Name 211 Elm St. When was the debt incurred? 7/23/2015 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify co-signed

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Stellar Recovery	Last 4 digits of account number	\$230.00
Nonpriority Creditor's Name P.O. Box 1119 Charlotte, NC 28201	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community lebt s the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No Yes	Other. Specify collection	
Swedish American Federal CU		Unknown
Nonpriority Creditor's Name	Last 4 digits of account number	Ulikilowii
1401 E. State St. Rockford, IL 61104	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify loans, medical, automatic withdrawals	
Swedish American Hospital	Last 4 digits of account number	\$1,427.63
Nonpriority Creditor's Name P.O. Box 310283	When was the debt incurred?	
Des Moines, IA 50331 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	-	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
***	■ Other Specify medical	

Page 27 of 53 Document Case number (if know) Debtor 1 Karen L. Torres 4.1 \$1,500.00 Swedish American Hospital Last 4 digits of account number 9 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 310283 Des Moines, IA 50331 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical several accounts ☐ Yes 4.2 **Swedish American Medical** \$269.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 2550 Charles St. When was the debt incurred? Rockford, IL 61108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.2 \$267.00 Synchrony Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Bx 965036 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

■ Other. Specify credit card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Part 4: Add the Amounts for Each Type of Unsecured Claim

■ No

☐ Yes

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Debtor 1 Karen L. Torres

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	1,400.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,400.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	15,481.76
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	15,481.76

				<u> </u>	
Fill in this infor	mation to identify your	case:			
Debtor 1	Karen L. Torres				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				Check if this is an amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	,		3. 3		

		Docume	ent Page 30 d	<u>)I 53</u>	
Fill in this	information to identify your	case:			
Debtor 1	Karen L. Torres				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
	-				
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb	per				
(if known)				_	heck if this is an mended filing
				aı	nended illing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
your name	and case number (if known)	. Answer every question		to this page. On the top of any Addi	itional Pages, write
1. Бо у	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codeptor.	
■ No □ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana,			ry? (Community property states and to ington, and Wisconsin.)	erritories include
■ No.	Go to line 3.				
☐ Yes.	. Did your spouse, former spor	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	rif your spouse is filing with you. L sure you have listed the creditor or 16G). Use Schedule D, Schedule E/F	n Schedule D (Official
	Column 1: Your codebtor lame, Number, Street, City, State and Z	P Code		Column 2: The creditor to who Check all schedules that apply:	m you owe the debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	_
				☐ Schedule G, line	
1	Number Street			_	
C	City	State	ZIP Code		
2.2				Cabadula D lina	
3.2	Name			□ Schedule D, line □ Schedule E/F, line	_
				☐ Schedule G, line	
<u> </u>	Number Street			_	
(City	State	ZIP Code		

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Fill	in this information to identify your c	ase:							
Del	otor 1 Karen L. To	rres							
	otor 2				-				
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS		_				
(If kr	fficial Form 106l		-		□ A □ A 1		ed filing ent showing as of the fo	g postpetition ollowing date:	chapter
	chedule I: Your Inc	ome			IV	ו ישט ייוויי			12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment	ur spouse is not filing wi	ith you, do not includ	de inform	ation about	t your spo umber (if	ouse. If mo known). A	ore space is nswer every	needed,
	information.		■ Employed □ Not employed Surgical Tech.			■ Employed □ Not employed			
	If you have more than one job, attach a separate page with information about additional	Employment status							
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name	Swedish Americ	an		St. Antl	nony		
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here? 6 years/	/25 years	S	2	5 years		
Par	Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for a	ny line, write	e \$0 in the	space. Inc	clude your nor	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	n for all en	nployers for	that perso	n on the lir	nes below. If y	you need
					For Del	btor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$4	,210.00	\$	2,338.20	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	0.00	
4	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$ 42	10 00	\$:	2 338 20	

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Deb	tor 1	Karen L. Torres	-	(Case r	number (<i>if kr</i>	nown)				
					For I	Debtor 1			or Debtor		
	_								on-filing s		
	Сор	y line 4 here	4.		\$	4,210	0.00	\$	2	,338.20	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	1,669	.55	\$		514.41	
	5b.	Mandatory contributions for retirement plans	5b	Ο.	\$		0.00	\$		0.00	_)
	5c.	Voluntary contributions for retirement plans	50) .	\$	(0.00	\$		0.00	<u> </u>
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$		0.00	<u>) </u>
	5e.	Insurance	56		\$		0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$		0.00	\$		0.00	_
	5g.	Union dues Other deductions, Specific	5g		\$		0.00	\$		0.00	_
_	5h.	Other deductions. Specify:	_	1.+	\$			+ \$		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,669		\$		514.41	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,540).45	\$	1	,823.79	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88		\$		0.00	\$		0.00	_
	8b.	Interest and dividends	8b).	\$	(0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce									
	0.1	settlement, and property settlement.	80		\$		0.00	\$		0.00	
	8d. 8e.	Unemployment compensation Social Security	8c 8e		\$		0.00	\$ \$		0.00	_
	8f.	Other government assistance that you regularly receive	06	7.	Ψ		0.00	Ψ.		0.00	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	(0.00	\$		0.00	•
	8g.	Pension or retirement income	_ 8g		<u>*</u> —		0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_	1.+	\$		0.00	+ \$		0.00	_
9.	۸۵۵	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	_ 9.	9	,	,	0.00	\$		0.0	_
Э.	Auu	all other moonie. Add lines datobrocrourderdirografi.	Э.	4			7.00	Ψ.		0.0	10
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2	2,540.45	+ \$	1	,823.79	= \$	4,364.24
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ľ-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•			Schedule	e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								\$Combi	4,364.24
13	Dov	ou expect an increase or decrease within the year after you file this form	?								ly income
١٥.	.	No.	•								
	_	Yes Explain:									

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Fill in	n this inf <u>orma</u>	tion to identify yo	our case:			Ī		
Debte		Karen L. Tor					ck if this is: An amended filing	
Debte (Spor	or 2 use, if filing)					. –	•	ving postpetition chapter the following date:
Unite	ed States Bankr	uptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	NOIS	-	MM / DD / YYYY	
	e number own)							
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your	Exper	ises				12/15
info	rmation. If m		eded, atta	. If two married people a ch another sheet to this n.				
Part	1: Describe this a join	ibe Your House	hold					
1.	■ No. Go to □ Yes. Doe	o line 2. s Debtor 2 live	·	ate household? al Form 106J-2, <i>Expense</i>	o for Congrete House	ahald of Dah	tor 2	
2			_	ai Form 1063-2, Expense	s for Separate House	eriola oi Deb	101 Z.	
2.	Do you have Do not list D Debtor 2.	e dependents? ebtor 1 and	□ No ■ Yes.	Fill out this information for each dependent	Dependent's relat		Dependent's age	Does dependent live with you?
	Do not state dependents						10	□ No ■ Yes
								□ No □ Yes
								□ No □ Yes
								□ Yes □ No
3.	Do your eyr	enses include	_					☐ Yes
J.	expenses o	f people other t d your depende	han $_{\sqsubset}$	No Yes				
Estine expe	mate your ex		our bankr	uptcy filing date unless				apter 13 case to report f the form and fill in the
the v		n assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners		ses for your residence.	Include first mortgag	je 4. \$	i	745.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	i	0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat		upkeep expenses dominium dues		4c. \$ 4d. \$		0.00
5.				our residence, such as h	ome equity loans	5. \$		0.00

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Debtor 1 Karen L. Torres	Case number (if known)	
3. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	380.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	190.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	600.00
Childcare and children's education costs	8. \$	300.00
Clothing, laundry, and dry cleaning	9. \$	
). Personal care products and services	· —	100.00
	10. \$ 11. \$	65.00
•	п. Ф	50.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12. \$	500.00
B. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.	14. ψ	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	195.00
15d. Other insurance. Specify:	15d. \$	0.00
. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	10d.	0.00
Specify:	16. \$	0.00
. Installment or lease payments:		0.00
17a. Car payments for Vehicle 1	17a. \$	425.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report	· <u></u>	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106		0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Section 2.	chedule I: Your Income.	
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
. Other: Specify: husbands expense	21. +\$	500.00
indispands expense	21. 14	300.00
. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	4,210.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2 \$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,210.00
		,—· -
Calculate your monthly net income.	00 4	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,364.24
23b. Copy your monthly expenses from line 22c above.	23b\$	4,210.00
23c. Subtract your monthly expenses from your monthly income.	23c. \$	154.24
The result is your monthly net income.	230. Ψ	107.27
 Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect to 		ase or decrease because o
modification to the terms of your mortgage?		
■ No.		
☐ Yes. Explain here:		

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Fill in this infor	mation to identify your	c359:			
		case.			
Debtor 1	Karen L. Torres First Name	Middle Name	Last Name		
Debtor 2	riotrano	Wildale Harrie	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Coco numbor					
Case number (if known)					☐ Check if this is an amended filing
Official For					
Declarat	tion About a	an Individual	Debtor's So	chedules	12/15
	Î8 U.S.C. §§ 152, 1341, 1 jn Below	519, and 3571.			
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				ry Petition Preparer's Notice, Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules file	ed with this declaration and	d
X /s/ Kai	ren L. Torres		X		
	L. Torres		Signature of	f Debtor 2	
	ure of Debtor 1		ŭ		
Date	April 13, 2016		Date		

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Fill	l in this inform	nation to identify you	r case:			
De	btor 1	Karen L. Torres				
_		First Name	Middle Name	Last Name		
1	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
		aliminatari Carint fan tha	NODTHEDN DISTRICT			
Un	ited States Bar	hkruptcy Court for the:	NORTHERN DISTRICT (DF ILLINOIS		
1	se number					
(if kı	nown)				_	heck if this is an
					a	mended filing
<u>Ot</u>	fficial For	<u>rm 107</u>				
St	atement	of Financial	Affairs for Individ	duals Filing for E	Bankruptcy	4/1
info	ormation. If months in the mon	ore space is needed, i). Answer every que	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	Manniad					
	■ Married □ Not marr	riad				
	- Not man	ileu				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	No					
	☐ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	٧.	
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ac	idress:	Dates Debtor 2
	202001111	7.444.0001	lived there	200101 2 1 1101 711	2410001	lived there
3. stat					nity property state or territory iico, Texas, Washington and W	
	_	ke sure you fill out <i>Sci</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explair	n the Sources of You	r Income			
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part		ndar years?
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
_			_	,	_	and exclusions)
		of current year until	☐ Wages, commissions, bonuses, tips	\$15,320.00	☐ Wages, commissions, bonuses, tips	
	,		_		_	
			☐ Operating a business		☐ Operating a business	
Fo	r last calendar	year:	☐ Wages, commissions,	\$74,500.00	☐ Wages, commissions,	
		cember 31, 2015)	bonuses, tips	, .,	bonuses, tips	
			☐ Operating a business		☐ Operating a business	
Offic	cial Form 107		Statement of Financial Aff	airs for Individuals Filing for E	Bankruptcv	page

De	btor 1 K	aren L. Toi	rres	Docume	ent Page 37 of 53	se number (if known)		
				Debtor 1		Debtor 2		
_				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		dar year be December		☐ Wages, commissions, bonuses, tips	\$86,218.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
	and other winnings. List each	public bene If you are fil	fit payments ing a joint ca the gross inc	pensions; rental income; in se and you have income tha	Examples of other income are terest; dividends; money colle at you received together, list it trately. Do not include income	cted from lawsuits; only once under De	royalties; and ebtor 1.	
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
6.		r Debtor 1's Neither D	or Debtor 2	I Made Before You Filed for 2's debts primarily consum Debtor 2 has primarily con a personal, family, or housel	ner debts? sumer debts. Consumer deb	ots are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the	90 days bef	, , , ,	did you pay any creditor a tot	al of \$6,425* or mo	re?	
		□ Yes	List below paid that o	each creditor to whom you p	paid a total of \$6,425* or more nents for domestic support obli			
		* Subject			ears after that for cases filed or	n or after the date o	f adjustment	
	■ Yes.			or both have primarily con ore you filed for bankruptcy,	sumer debts. did you pay any creditor a tot	al of \$600 or more?	ı	
		■ No.	Go to line	7.				
		□ Yes	include pa		oaid a total of \$600 or more ar t obligations, such as child sup			
	Creditor	's Name an	d Address	Dates of payr	ment Total amount paid	Amount you still owe	Was this p	payment for
7.	Insiders in	nclude your i	relatives; any	general partners; relatives r, person in control, or owne	te a payment on a debt you of any general partners; partner of 20% or more of their votin	erships of which yo	u are a gene ny managing	ral partner; corporation agent, including one for

No

☐ Yes. List all payments to an insider.

Amount you still owe **Insider's Name and Address Dates of payment Total amount** Reason for this payment paid

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Del	btor 1	Karen L. Torres	Document	Cas	se number (if known)				
8.	inside	n 1 year before you filed for bankrupt er? e payments on debts guaranteed or cos		yments or transfer a	any property on ac	count of a debt	that benefited ar		
	IIICIUU	e payments on debts guaranteed or cos	signed by an insider.						
	_	lo							
		es. List all payments to an insider							
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this Include creditor			
Par	rt 4:	Identify Legal Actions, Repossessio	ns, and Foreclosures						
9.	List all	n 1 year before you filed for bankrupt such matters, including personal injury cations, and contract disputes.							
	_	lo 'es. Fill in the details.							
	Case		Nature of the case	Court or agency		Status of the ca	ase		
10.	Withir	n 1 year before you filed for bankrupt all that apply and fill in the details belo		perty repossessed, f	oreclosed, garnis	hed, attached, se	eized, or levied?		
	_	lo. Go to line 11. 'es. Fill in the information below.							
	Cred	itor Name and Address	Describe the Property		Date		Value of the		
			Explain what happened			property			
	Security Finance		loan		4/1/2	016	\$480.00		
		E. State St.	Dranarty was reness	annad					
	KOCI	kford, IL 61108	☐ Property was repossessed. ☐ Property was foreclosed.						
			Property was garnished.						
			☐ Property was attached						
11.	accou	n 90 days before you filed for bankru ints or refuse to make a payment bed lo 'es. Fill in the details.		cluding a bank or fil	nancial institution	, set off any amo	ounts from your		
	Cred	itor Name and Address	Describe the action th	Date a	action was	Amount			
12.	court-	n 1 year before you filed for bankrupt appointed receiver, a custodian, or a		erty in the possess	ion of an assignee	ofor the benefit o	of creditors, a		
	_	es							
Par	rt 5:	List Certain Gifts and Contributions							
13.		n 2 years before you filed for bankrup lo Yes Fill in the details for each gift	ptcy, did you give any gif	ts with a total value	of more than \$600) per person?			
		es. Fill in the details for each gift. with a total value of more than \$600	Describe the gifts		Dates	you gave	Value		
	Onto	TILLI A LOLAI VAINE OF HIGHE LITAIT \$000	Describe the girls	•	Dates	Jou guve	value		

Person to Whom You Gave the Gift and Address:

per person

the gifts

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 39 of 53 Case number (if known) Debtor 1 Karen L. Torres 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment

Email or website address made

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

Person Who Made the Payment, if Not You

David H. Carter

п Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Nο

Yes. Fill in the details.

Person Who Received Transfer Description and value of Describe any property or Date transfer was payments received or debts **Address** property transferred made paid in exchange Person's relationship to you

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Nο

Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

\$900.00

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Debtor 1 Karen L. Torres

Pai	t 8: List of Certain Financial Accounts, Ins	struments, Safe Depos	it Boxes, and Sto	orage Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	■ No □ Yes. Fill in the details.	·					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	nnt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?		
22.	Have you stored property in a storage unit of	or place other than you	r home within 1	year before you filed for bankr	ruptcy?		
	■ No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?		
Pai	t 9: Identify Property You Hold or Control	for Someone Else					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the property	Value		
Pai	t 10: Give Details About Environmental Info	,					
For	the purpose of Part 10, the following definition	ons apply:					
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	ne air, land, soil, surfac	e water, ground	<u> </u>			
	Site means any location, facility, or property to own, operate, or utilize it, including dispose	•	environmental la	aw, whether you now own, ope	erate, or utilize it or used		
	Hazardous material means anything an envi hazardous material, pollutant, contaminant,		as a hazardous	waste, hazardous substance,	toxic substance,		
Rep	ort all notices, releases, and proceedings that	at you know about, reg	ardless of when	they occurred.			
24.	Has any governmental unit notified you that	you may be liable or p	otentially liable	under or in violation of an env	ironmental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental ur Address (Number, ZIP Code)		Environmental law, if you know it	Date of notice		

Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 41 of 53 ase number (if known) Debtor 1 Karen L. Torres 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Environmental law, if you Name of site Governmental unit Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Karen L. Torres Signature of Debtor 2 Karen L. Torres Signature of Debtor 1 Date April 13, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Case number (if known) Document

Debtor 1 Karen L. Torres

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Fill in this infor	mation to identify your	case:		
Debtor 1	Karen L. Torres			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	-
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	_
Case number				
(if known)				☐ Check if this is an amended filing
			viduals Filing Under Cha	pter 7 12/15
	ve claims secured by you			
You must file th	ever is earlier, unless th	ithin 30 days after	ot expired. you file your bankruptcy petition or by the date time for cause. You must also send copies	
	eople are filing together nd date the form.	in a joint case, bo	oth are equally responsible for supplying corr	ect information. Both debtors must
	and accurate as possib your name and case nun		s needed, attach a separate sheet to this form	n. On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	e Secured Claims		
For any credition information b		art 1 of Schedule D	e: Creditors Who Have Claims Secured by Pro	operty (Official Form 106D), fill in the
Identify the cr	reditor and the property tl	hat is collateral	What do you intend to do with the property secures a debt?	y that Did you claim the property as exempt on Schedule C?
Creditor's A	Alpine Bank		☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of		•	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt	61107 Winnebago	County	☐ Retain the property and [explain]:	
	Gm Financial		☐ Surrender the property.	■ No
name:			Retain the property and redeem it.	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Description of 2007 Toyota Rav

Will the lease be assumed?

☐ Yes

Official Form 108

property

securing debt:

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Debtor 1 Karen L. Torres	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about a property that is subject to an unexpired lease.	ny property of my estate that secures a debt and any personal
X /s/ Karen L. Torres X	
Karen L. Torres Signature of Debtor 1	gnature of Debtor 2
Date April 13, 2016 Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80916 Doc 1 Filed 04/13/16 Entered 04/13/16 17:29:48 Desc Main Document Page 49 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Karen L. Torre	es		Case No.			
			Debtor(s)	Chapter	7		
	DIS	CLOSURE OF COM	IPENSATION OF ATTORN	NEY FOR DE	CBTOR(S)		
C	ompensation paid to	o me within one year before th	2016(b), I certify that I am the attorney are filing of the petition in bankruptcy, or ation of or in connection with the bankruptcy.	agreed to be paid	to me, for services rende	red or to	
	For legal service	es, I have agreed to accept		\$	900.00		
	Prior to the filin	ng of this statement I have rece	eived	\$	900.00		
	Balance Due			\$	0.00		
2. 7	The source of the con	mpensation paid to me was:					
	Debtor	☐ Other (specify):					
3. 7	The source of compe	ensation to be paid to me is:					
	Debtor	☐ Other (specify):					
4.	I have not agreed	d to share the above-disclosed	compensation with any other person un	less they are mem	pers and associates of my	law firm.	
ļ			npensation with a person or persons who he names of the people sharing in the co			ïrm. A	
5.]	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
t c	. Preparation and f	filing of any petition, schedules f the debtor at the meeting of c	rendering advice to the debtor in determ s, statement of affairs and plan which materials and confirmation hearing, and	ay be required;		cy;	
	Negotiation reaffirmat	ons with secured creditors	s to reduce to market value; exemications as needed; preparation alon household goods.	ption planning; nd filing of moti	preparation and filin ons pursuant to 11 U	g of SC	
5. I	Represent		sed fee does not include the following sony dischargeability actions, judicia		es, relief from stay ac	tions or	
			CERTIFICATION				
	certify that the fore ankruptcy proceeding		of any agreement or arrangement for pa	syment to me for re	epresentation of the debto	or(s) in	
Α	pril 13, 2016		/s/ David H. Carter				
\overline{D}	ate		David H. Carter			-	
			Signature of Attorney Dvid H. Carter				
			308 W. State St., Su	ite 215			
			Rockford, IL 61101 815/968-8900 Fax:	815/968-9427			
			dhclaw@aol.com			_	
			Name of law firm				

United States Bankruptcy Court Northern District of Illinois

		1 torthern District or immors		
In re	Karen L. Torres		Case No.	
		Debtor(s)	Chapter	7
	VE	ERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	24
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of credi	tors is true and c	correct to the best of my
Date:	April 13, 2016	/s/ Karen L. Torres Karen L. Torres Signature of Debtor		

Alpine Bank P.O. Box 6056 Rockford, IL 61125

Capital One P.O. Box 6492 Carol Stream, IL 60197

Capital One P.O. Box 6492 Carol Stream, IL 60197

Capital One P.O. Box 6492 Carol Stream, IL 60197

Check In To Cash 3437 N. Main St. Rockford, IL 61103

ComEd P.O. Box 6111 Carol Stream, IL 60197

Convergent Outsourcing P.O. Box 9004 Renton, WA 98057

Credit One Bank P.O. BOx 60500 City of Industry, CA 91716

Dr. Mark Milani, DDS 4777 E. State St. #11 Rockford, IL 61108

Gm Financial P.O. Box 183834 Arlington, TX 76096

IRS P.O. Box 21125 Philadelphia, PA 19114-0325 Lane Bryant P.O. Box 65928 San Antonio, TX 78265

Mutual Managment 7177 Crimson Ridge Dr. #10 Rockford, IL 61126

Radiology Consultants 39020 Eagle Way Chicago, IL 60678

Rockford Anesthesia P.O. Box 4569 Rockford, IL 61110

Rockford Merchantile 2502 S. Alpine Rd. Rockford, IL 61108

Security Finance 3618 E. State St. Rockford, IL 61108

Springleaf Financial 211 Elm St. Rockford, IL 61101

Stellar Recovery P.O. Box 1119 Charlotte, NC 28201

Swedish American Federal CU 1401 E. State St. Rockford, IL 61104

Swedish American Hospital P.O. Box 310283 Des Moines, IA 50331

Swedish American Hospital P.O. Box 310283 Des Moines, IA 50331

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Swedish American Medical 2550 Charles St. Rockford, IL 61108

Synchrony P.O. Bx 965036 Orlando, FL 32896